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Enclosure B

COUNTY RESPONSE COVER PAGE -- MUST BE FULLY COMPLETED AND SUBMITTED WITH PLAN AND DATA

Macino County is requesting participation in the Enhanced Anti-Fraud Program and will submit a Plan and Data as described above, by November 1, 2009.

Board of Supervisor Approval

Approved on Nov 10, 2009, by the County Board of Supervisors

Name of Approver:

Signature Plesse See sprovel stank on Board letter

Name of County District Attorney Representative: Ed Berd erion

Name of County Welfare Department Representative: Roxann Spilman County Welfare Department Representative Telephone #: 415-499-7112

Email Address: rspilman Cco. main Carus

Marin County Health and Human Services Department of Aging and Adult Services

Plan of Intent to Participate in the California State Budget Act of 2009 Funding for Fraud Investigations and Program Integrity Related to the In-Home Supportive Services Program

Revised January 12, 2010

Marin County Division of Aging and Adult Services respectfully submits the following plan to seek State funding for fraud prevention, detection, referral, investigation and additional program integrity efforts related to the In-Home Supportive Services (IHSS) Program.

Marin County is committed to expand our efforts to address the above program integrity issues in order to preserve the IHSS program for the vulnerable population that the program is intended to serve. Marin County intends to meet challenges to the program with renewed energy toward streamlining procedures that safeguard the IHSS program and effectively serve the recipients.

Current Fraud Prevention and Program Integrity Process

To date, the Senior Social Service Worker assigned the task of IHSS Quality Assurance and Improvement also serves as the coordinator of fraud prevention, detection, referral, and investigation activities. Currently the Quality Assurance (QA) Coordinator, in conjunction with IHSS staff, reviews and formally tracks IHSS cases for potential fraud by maintaining a tracking log for referrals. A fraud referral telephone hotline and e-mail address is also available to receive reports both from identified referents and anonymous reporters.

The QA Coordinator completes an initial investigation of all suspected fraud situations. When appropriate an effort is made to resolve the issue or obtain collection of any IHSS fiscal loss through overpayment collection procedures. If an appropriate resolution cannot be achieved, the QA Coordinator gathers essential information, for example, copies of time sheets, warrants, computerized printouts, the amount of overpayment and individual identification. A referral is then made to the Department of Health Care Services Investigator for further action.

DHCS investigators are assigned to multiple counties and are also charged with investigating MediCal fraud. There is 1 state investigator assigned to investigate suspected fraud for every 2-3 counties. The investigator receives the referral and determines if the situation warrants further investigation. If the DHCS investigator accepts the case for investigation and determines there is a

reasonable suspicion that fraud exists, the Marin County District Attorney will be consulted for possible prosecution.

Proposed Plan to Enhance and Improve Fraud Prevention and Program Integrity

Marin County proposes to expand, enhance, and substitute the above procedures with a new plan of action utilizing resources made available with the additional State funding. The Department of Aging and Adult Services proposal has been developed in consultation with the District Attorney's Office (DA), Marin County Health and Human Services (HHS) Special Investigations Unit (SIU), and builds on current fraud prevention efforts and working relationships with the DA's Office and California Department of Health Care Services (DHCS) to improve program integrity in IHSS. Within 60 days of receipt of State Funding the following activities will commence:

A new position, the IHSS Program Integrity Coordinator will be created. The Integrity Coordinator, will log and track referrals of suspected fraudulent issues made by the QA coordinator, social workers, public health nurses, and community members. The IHSS Program Integrity Coordinator will perform an initial review of the situation or issues and determine if the situation may be resolved without further action. If the situation appears to result from deliberate fraudulent activities, the Coordinator will gather essential information including but not limited to copies of time sheets, warrants, computerized printouts, the amount of overpayment and individual identifying information. This information will be referred to the Marin County HHS Special Investigations Unit.

As part of a preventive, proactive effort we will update the current IHSS Fraud Prevention, Detection and Investigation pamphlet entitled "Helping Recipients & Providers Understand Fraud". The pamphlet is included in every provider enrollment packet and supplied with every recipient initial and reassessment visit. Efforts will be made to educate providers, recipients and community partners regarding acceptable and unacceptable IHSS practices. The IHSS Integrity Coordinator will suggest areas for staff training from information gleaned through the process as appropriate. The Integrity Coordinator will provide consultation to recipients and providers who have questions regarding proper use of the program.

Marin's proposal includes the addition of clerical support for the fraud prevention, detection, and investigation activities. Currently clerical support is unavailable. The Accounting Assistant will compute overpayment amounts, gather and reproduce materials needed for detection and investigation such as timesheets, request copies of warrants, compute overpayment amounts, and provide general clerical support for the unit.

A dedicated IHSS Fraud Investigator will be hired and assigned to investigate suspected fraud, prepare analytical reports, make recommendations regarding

possible actions, forward overpayment information to the Collections Unit, and refer to the DA for prosecution as appropriate. Trends or areas of concern can be identified and addressed during the mandated provider orientation.

Marin County HHS SIU has an existing working relationship with the Marin County's District Attorneys Office. SIU has an assigned Deputy District Attorney (DDA), who can provide guidance and assistance in determining the appropriate level of legal action to be taken. Meetings will occur between the Integrity Coordinator, SIU, and the DA's Office at least on a quarterly basis. Cases that rise to the level of elder or dependent adult financial abuse can be discussed at the monthly Multi-Disciplinary Team meetings.

Marin County HHS SIU currently has a data base into which all referrals are entered and with slight modification the data base could track all IHSS referrals also. This will allow for easy tracking and data collecting for required reports.

The County of Marin is committed to reporting over/under payments and referral outcome data to CDSS by or prior to July 31, 2010 each fiscal year. Marin County will report the required data on whatever form that is provided by CDSS during January 2010.

Marin County will follow all directives from CDSS with regard to collaboration on error rate studies and unannounced home visits. With regard to error rate studies, Marin County will review the EDS report provided by the State and respond to and confirm or deny all overpayment issues in a timely manner. The Program Integrity Coordinator will cross reference with CDSS by reviewing the 1) Late timesheet report, 2) Out of state warrant report, and 3) The 300 plus hour provider report. Current practice involves a random sample selection of cases for review and home visits. Marin County will coordinate with the CDSS point person, once indentified, on the preferred method of selection of cases for review and home visits.

The Program Integrity Coordinator will meet at least monthly or as often as needed with the Department of Health Care Services Investigator (DHCS) to make referrals, seek advise on possible referrals, provide necessary fiscal records and/or documents as requested, collaborate on the status of prior referrals, assist with prosecution as appropriate and provide IHSS expert witness testimony as needed.

HHS's Special Investigations Unit at present has no dedicated investigators who can respond to fraud referrals from IHSS. If this proposal is approved, SIU will focus primarily on cases involving high dollar value and overt criminal acts, as well as cases with a high level of provability. In other types of cases, early fraud detection and deterrent interventions will be employed. In addition, stepped-up collection procedures will be implemented; including small claims court proceedings and other means of recovery of overpayment of IHSS funds.

This proposal will provide funds for a Senior Social Service Worker assigned specifically as the IHSS Program Integrity Coordinator, a dedicated SIU IHSS Investigator, and other support to enable the unit to: 1) Increase the number of referrals investigated; 2) Implement the use of home visits and in-home interviews to increase the provability of fraud allegations in otherwise difficult cases; 3) Focus on time sheet irregularities 4) Investigate issues surrounding fingerprint anomalies; and 5) Follow-up on negative or inconclusive outcomes on criminal background checks; 6) SIU could thoroughly investigate cases where it is suspected that family member providers are failing to provide any and/or adequate care to their frail relative. Commonly in these cases, the client is less likely to file a complaint due to the strain it could place on their family relationships; 7) Assist with oversight of mandated provider orientation.

As the number of referrals investigated increases, SIU will require additional consultative support from the District Attorney's Office (the funds are not available for prosecutions). As such, a corresponding increase in the SIU's referrals to the District Attorney's office has been included in the proposal. Lastly, this proposal includes resources for information system improvements to accommodate the State's reporting requirements associated with this funding.

IHSS Program Integrity efforts will be integrated with other aspects included in the State Budget Act of 2009 in the following manner:

The Division of Aging and Adult Services has contracted with the Marin County IHSS Public Authority to provide provider orientation and enrollment services. The IHSS Program Integrity Coordinator will work closely with the Public Authority and will monitor and oversee their provider orientation/enrollment activities on a bi-monthly basis.

The Integrity Coordinator will work closely with the QA Coordinator regarding current practices including desk reviews, home visitation, daily monitoring of IHSS cases, fraud investigations, appeal hearings, and will meet with the District Attorney quarterly.

Proposal Budget

Utilizing \$139,344 of the suggested allocation over the next six months (Jan-June 2010), Marin County proposes to add the following staff and auxiliary support to enhance its current effort toward fraud detection and prevention to increase program integrity.

- 1 Fraud Program Coordinator. Reviews IHSS case records and documents. Makes request for investigation on cases that meet minimum standards for investigation. Assures proper data collection is implemented, analyzed and accurately reported. Assures the State receives the required reports and data. Coordinates all fraud program activities and supervises subordinate staff.
- Bilingual Fraud Investigator (Peace Officers under 835.35 PC).
 Investigates IHSS fraud caseload. Collects and preserves evidence.
 Conducts home visits and interviews recipients, providers, and witnesses.
 Writes reports, testifies in court and makes database entries. Because Marin has a threshold number of Spanish speaking IHSS providers and recipients, it is felt that an Investigator with bilingual abilities could best serve this population.
- 1 Accounting Assistant. Calculates the IHSS overpayments. Organizes background check returns from the Department of Justice. Gathers and reproduces necessary IHSS materials to support investigations. Provides general clerical support to the unit.
- **Information Systems Programmer.** Completes system modifications to collect data for reporting purposes and annual report.
- **District Attorney's Office.** Supports SIU efforts in identifying elder abuse and neglect cases among the IHSS population. Prosecutes suspected fraud cases referred by the SIU Investigator as appropriate.
- Operational expenses. Funding for general operation expenses such as rent, start-up equipment, and materials and supplies, and associated mileage.

Respectfully Submitted.

Nick Trunzo
Director, Division of Aging and Adult Services

Budget Justification <u>Marin</u> County's Fraud Funding Plan for FY 2009-10

Budget Section	Total
A. Personnel Costs (includes employee benefits)	\$ 101844
B. Operating Expenses	\$ 17,500
C. Equipment Expenses	\$
D. Travel/Per Diem and Training	\$
E. Subcontracts and Consultants	\$
F. Other Costs	\$
G. Indirect Expenses	\$ 20,000
Total Expenses	\$ 139,344

A. Personnel Costs (including employee benefits)	Total Budge
Title: Social Services Unit Supervisor	\$ 59,041
Salary Calculation: Annual Salary, Step 4 \$84,344 + .40 for benefits x 6 months	
Duties Description: Plans, assigns, supervises and evaluates the work of a unit of Social Service staff engaged in IHSS Fraud activities as well as collaborating with QA Coordinator with regard to program integrity efforts.	
Provides direct services for complex situations and programs.	
Holds group or individual conferences with subordinate staff.	
Confers with workers assigned to his/her supervision on the more difficult cases.	
Reviews the quantity and quality of work performed by workers in the unit.	
Collaborates with other supervisors and managers in coordinating the activities of professional and technical staff.	
Reviews IHSS case records and documents	
Makes requests for investigations on cases that meet minimum standards for investigation	
Assures proper data collection is implemented, analyzed, and accurately reported	
Coordinates all fraud program activites	
Attends monthly QA Regional meetings	
Title: Fraud Investigator (.50 FTE)	\$ 25,727
Salary Calculation: Annual Salary, step 4 %73,508 x .50 FTE x .40 for benefits x 6 months	
Duties Description:	
Investigates IHSS fraud caseload	
Collects and preserves evidence	
Conducts home visits and interviews recipients, providers, and witnesses	
Writes reports	
Testifies in court	
Makes data base entries	
Has capacity for written and oral communication in Spanish	
Title: Accounting Assistant (.50 FTE)	\$ 17,076
Salary Calculation: Annual Salary, Step 4 \$48,789 x .50 FTE x .40 for benefits x 6 months.	
Duties Description:	
Calculates IHSS overpayments	
Organizes background check returns from Department of Justice	
Gathers and reproduces necessary IHSS materials to support investigations	
Provides general clerical support to the unit	

Title:		\$
Salary Calculation:		
Duties Description:		
Title:		\$
Salary Calculation:		
Duties Description:		
Title:		\$
Salary Calculation:		
Duties Description:		
	Total Personnel Costs:	\$ 101,844

B. Operating Expenses	Total Budget
Title: Operating Expenses	\$ 17,500
Description: Office supplies, computer supplies, other materials required, rent, utilities, associated mileage, etc.	
Title:	\$
Description:	
Title:	\$
Description:	
Total Operating Expenses:	\$ 17,500

C. Equipment Expenses	Total Budget
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Total Equipment Expenses:	\$

D. Travel/Per Diem and Training	Total Budget
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Total Travel/Per Diem and Training:	\$

E. Subcontracts and Consultants		Total Budget
Title:		\$
Description:		
Title:		\$
Description:		
Title:		\$
Description:		
	Total Subcontracts and Consultants:	\$

F. Other Costs	Total Budget
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	-
Title:	\$
Description:	
Title:	\$
Description:	

1	Total Other Control	• 1
1	Total Other Costs:	5 1
3		

G. Indirect Expenses	Total Budget
Title: Indirect Costs	\$ 20,000
Description: 19% of personnel costs.	
Title:	\$
Description:	
Total Other Costs:	\$ 20,000